

## **LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

**Lobbyist's Registration Number**

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**

Postmark date: [REDACTED]

1109

## **Instructions**

- Print in ink or type.
  - Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
  - Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first actions requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

L. NAME: RIVERD HECTOR L.  
Last First MI

2. BUSINESSPHONE 512/473-2157 Area Code and Phone Number

**B. BUSINESS ADDRESS:** 1122 Colorado St., Ste. 2301 Austin, TX 78701  
Street and No. City State Zip

E. I. du Pont de Nemours and Company

5. EMPLOYER'S ADDRESS: 1007 Market Street      Wilmington, DE      19898  
Street and No.      City      State      Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

H. T. du Pont de Nemours and Company

Address 1007 Market Street Wilmington, DE 19898

**Business or purpose** DuPont is a science company, delivering science-based solutions in food and nutrition; health care; apparel; home and construction; electronics; and transportation.

Does this person say you're... Yes

If No, who pays you?

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

